

RECEIVED
CENTRAL FAX CENTER

JAN 22 2007

FAX TRANSMISSION

DATE: January 22, 2007

PTO IDENTIFIER: Application Number 09/762,472
Patent Number

Inventor: Michael EDER et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: MORRISON & FOERSTER LLP

Kevin R. Spivak

PHONE: (703) 760-7762

Attorney Dkt. #: 449122002000

PAGES (including Cover Sheet): 11

CONTENTS: Amendment after Final Action (7 pages)
Transmittal (1 page)
Fee Transmittal (1 page)
Petition for Extension of Time (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (703) 760-7762 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

MORRISON & FOERSTER LLP
1650 Tysons Blvd, Suite 300, McLean, Virginia 22102
Telephone: (703) 760-7700 Facsimile: (703) 760-7777

JAN 22 2007

PTO/SB/97 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 09/762,472

Attorney Docket No.: 449122002000

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on January 22, 2007
Date

Signature

Gail L. Frohner

Typed or printed name of person signing Certificate

Registration Number, if applicableTelephone Number(703) 760-7772

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Amendment after Final Action (7 pages)
Transmittal (1 page)
Fee Transmittal (1 page)
Petition for Extension of Time (1 page)
Certificate of Transmission (1 page)

CENTRAL FAX CENTER

JAN 22 2007

PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

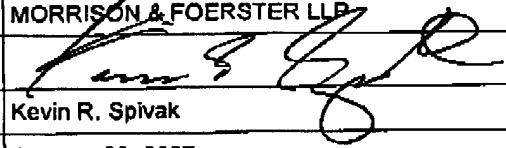
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/762,472
		Filing Date	March 29, 2001
		First Named Inventor	Michael EDER
		Art Unit	2194
		Examiner Name	L. B. Zhen
Total Number of Pages in This Submission	10	Attorney Docket Number	449122002000

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD. Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Kevin R. Spivak		
Date	January 22, 2007	Reg. No.	43,148

va-190319

RECEIVED
CENTRAL FAX CENTER

004/012

JAN 22 2007

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fee pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4818).

FEE TRANSMITTAL For FY 2006

FEE TRANSMITTAL For FY 2006		Complete if Known	
Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/762,472
TOTAL AMOUNT OF PAYMENT (5) 120.00		Filing Date	March 29, 2001
(5) 120.00		First Named Inventor	Michael EDER
(5) 120.00		Examiner Name	L.B. Zhen
(5) 120.00		Art Unit	2194
(5) 120.00		Attorney Docket No.	449122002000

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number: <u>03-1952</u>	Deposit Account Name: <u>Morrison & Foerster LLP</u>						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
<input type="checkbox"/>	Charge fee(s) Indicated below	<input type="checkbox"/>	Charge fee(s) Indicated below, except for the filing fee						
<input type="checkbox"/>	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/>	Credit any overpayments						

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
14	- 20 = 0	x	=		

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
3	- 3 = 0	x	=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

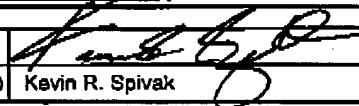
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

SUBMITTED BY	
Signature	
Name (Print/Type)	Kevin R. Spivak
Registration No. (Attorney/Agent)	43,148
Telephone	(703) 760-7762
Date	January 22, 2007

va-190318